MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date
10530578	

Applicant(s) **David Jackson**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14		1					64							
15		1					65							
16		1					66							
17		1					67							
18		1					68							
19	1						69							
20		1					70							
21		1					71							
22		1					72							
23	1						73							
24		1					74							
25		1					75							
26		1					76							
27		1					77							
28		1					78							
29	1						79							
30	1						80							
31	1						81							
32	1						82							
33	1						83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	8		0		0									
Total Depend	25	↵	0	↵	0	↵								
Total Claims	33		0		0									